

SHORT-TERM RENTAL PERMIT APPLICATION

TINICUM TOWNSHIP
 BUILDING & ZONING DEPARTMENT
 163 MUNICIPAL ROAD
 PIPERSVILLE, PA 18947
 610-294-8076
 FAX: 610-294-9889
 WWW.TINICUMBUCKS.ORG



Permit #	Parcel # 44-	
Property Address:		
Fee Amount \$	Check #	Date Fee Paid:

Property Owner	Name		
	Address		
	City	State	Zip
	Phone#	EMERGENCY PHONE (Must be available 24 hours a day and 7 days a week)	
Agent If applicable	Name		
	Address		
	City	State	Zip
	Phone#	EMERGENCY PHONE (Must be available 24 hours a day and 7 days a week)	
Address of Short-Term Rental	<input type="checkbox"/> Single-family home - entire <input type="checkbox"/> Duplex - single unit <input type="checkbox"/> Accessory building	<input type="checkbox"/> Single-family home - portion <input type="checkbox"/> Duplex - single unit <input type="checkbox"/> Other: _____	Rental Description: _____ Number of Occupants Allowed: _____ Number of Onsite Parking Spaces: _____
	Address		
	City	State	Zip

Items that MUST be submitted with the application:
<input type="checkbox"/> Completed Short-Term Rental Use Permit Application.
<input type="checkbox"/> Copy of the Neighborhood Notice mailed or delivered and address list 14 days prior to applying for zoning permit and mailing list.
<input type="checkbox"/> Copy of resident's Driver's license or PA ID card to confirm residency at site.
<input type="checkbox"/> Copy of documentation that Septic system is adequate for rental use.
<input type="checkbox"/> If applicable, Homeowners' Association (HOA) or condo association approval, in writing, of rental uses.
<i>After your application has been received and deemed eligible for short-term rental, the Building Inspector will review your application and contact you to arrange an inspection to ensure smoke detectors; carbon monoxide detectors and fire extinguishers are in compliance. Please allow up to two weeks from when it is determined that the application is complete for an inspection for:</i>
<input type="checkbox"/> Building Inspector confirmation that applicant has working smoke detectors, carbon monoxide detectors and fire extinguishers. Date of Inspection: _____ Pass/ Fail: _____

Upon issuance of a zoning permit for a transient residential use, the applicant shall notify the Township of each rental in writing with:

1. **The name and address of each tenant**
2. **A telephone number and email address where each tenant can be reached; and**
3. **The tenant's arrival and departure date.**

Owner/Auth. Agent Signature: _____	Date: _____
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General Summary of Short-Term Rental Use Conditions:

Short-Term Rental (Transient) of residential structure, or part thereof, whether through such services as AirBnB, Homeaway, Flipkey, etc., or independently by the property owner for a period of 14 to 29 consecutive calendar days. It does not include permitted motels, inns, bed and breakfasts, and housing leases where the property becomes the renter’s home address. If you have questions concerning your applicability, contact the Tincum Township Zoning Officer at 610 294-8076. Please review, initial and acknowledge you have read the following:

- _____ The rental period for any single family residential property or housing unit cannot be less than 14 consecutive calendar days (or the minimum rental period set forth in an HOA) or more than 29 consecutive calendar days. Consequently, if you rent for fewer than 14 days (i.e. a weekend) you must fill out a Bed and Breakfast Permit Application.
- _____ The number of occupants cannot exceed one (1) single family per housing unit. Each permit must list the maximum number of occupants allowed to stay during one rental.
- _____ Availability of the rental unit to the public cannot be advertised on site. However, the permit number must be included in all advertising and posted in the dwelling unit.
- _____ List the name, address and phone number(s) of a designated contact person who will address any problems that may occur with the rental of the property. This person must be available 24 hours a day, 7 days a week, live within 25 miles from the rental property, and may, or may not, be the property owner. The person must be ready to immediately address complaints (e.g. noise or garbage problems) from the tenant, neighbors, and the Township. The permit holder must promptly notify the Zoning Officer of any change in the local contact person’s address or phone number. The information provided will be public information.
- _____ The 24-hour, 7-day phone number of the person responsible for the rental must be provided to the adjacent property owners, including those properties immediately abutting the property and those immediately across the any public or private street.
- _____ Upon receiving a complaint, the applicant shall respond in a timely manner within 2 hours of the time the initial call was made, and within 24 hours of the initial call use “best efforts” to prevent the recurrence of such conduct and to take corrective action to address any violation.
- _____ Applicant will use “best efforts” to ensure that the occupants and/or guests of the short-term rental unit do not create unreasonable noise or disturbances, engage in disorderly conduct, or violate provisions of the Tincum Township Zoning Ordinance or any applicable laws.
- _____ Food preparation for the tenants by the owner or the owner’s agent is prohibited.
- _____ The dwelling must be used at all times for residential occupancy. No commercial purposes such as weddings, corporate retreats, or other special events are permitted. Subleasing is prohibited.
- _____ Trash shall not be left or stored within public view except from the sunset of the day prior to trash pick-up until the midnight on the day designated for trash pick-up.
- _____ The applicant must provide written notice to the HOA, if applicable, and submit proof of such notice to the Zoning Officer. If the HOA objects to the issuance of the permit, the permit will not be approved until the HOA withdraws it’s objections or a court, arbitrator or other appropriate approves the right of use.
- _____ Any false statements or information provided in the application are ground for revocation and/or imposition of penalties.

Owner/Auth. Agent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

TYPE	NUMBER	PERMIT FEE	DATE APPROVED:
PERMIT CONDITIONS:			

ZONING APPROVED: _____ Date: _____ Fee: _____